

10/5/62198

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3			1			
4	2					
5	3					
6	0					
7	0					
8	0					
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19	3					
20	1		1			
21	1					
22	1					
23	3					
24	0					
25	0					
26	0					
27						
28						
29						
30						
31						
32						
33						
34						
35						
36	1		1			
37	1		1			
38	1		1			
39	3					
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			3			
TOTAL DEP.		69				
TOTAL CLAIMS		69				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0			1	
52		0			1	
53	1		1		1	
54		1			1	
55		1			1	
56		1			1	
57		1			1	
58		5			1	
59		0			1	
60						
61						
62					1	
63					1	
64					1	
65					1	
66					1	
67					1	
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						